## Customer Services (CSD)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN -7 AM 7: 57

## PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2013

(PRINT OR TYPE CLEARLY)
NAME SHERILYN T. KAJIWARA POSITION/ELECTIVE OFFICE DIRECTOR
DEPARTMENT/AGENCY DEPARTMENT OF CUSTOMER SERVICES
NAME OF SPOUSE LANCE K. KAJIWARA
Check the appropriate box and fill in any applicable dates:    INITIAL STATEMENT: Date on which you assumed office or began employment in this position
VERIFICATION
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.
Date January 7, 20 14. Signature Shuw T. Kagwan

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000

E. \$50,000 - \$99,999

1. \$300,000 - \$399,999

M. \$700,000 - \$799,999

B. \$1,000 - \$9,999

F. \$100,000 - \$149,999

J. \$400,000 - \$499,999

N. \$800,000 - \$899,999

C. \$10,000 - \$24,999

G. \$150,000 - \$199,999

K. \$500,000 - \$599,999

O. \$900,000 - \$999,999

D. \$25,000 - \$49,999

H. \$200,000 - \$299,999

L. \$600,000 - \$699,999

P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None

Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income	
	Prudential Advantage	Director of Marketing	1/1/13 - 12/31/13	В	
	C&C of Honolulu	Director	1/2/13 - 12/31/13	F	
Þ	State of Hawaii	Judiciary, IT Specialist	1/1/13 - 12/31/13	E	

2. CREDITORS. Do no of consumer goods,  None	ot report any debts of less than whatever the amount. Do rep  Additional sheets attache	ort a secured obligat	rt debts that a tion such as a	arise out of retail instal a home mortgage or a	lment transactions for the purchas car loan. Do report student loan	
Person(s) Incurring De	ebt Credito	or	Original Lo	oan Amount	Amount Outstanding	
F and SP	Central Pacific Bar	ık H	н		Н	
			,			
accounts in federal of	770 OF MORE OF OWNERSHIP OF DU	sinesses incorporate stitutions, mutual insi	d requiated (	or licensed to carry or	interests having a value of \$5,000 business in Hawaii. Do not repor s in a mutual fund or blind trust, i	
Owner(s)	Business Name and Address	Nature of Busi	ness	Percentage of Intere	st Value of Interest	
•						

4. C			nawaii.		ransfers of	f ownerships	s or interests in businesses i	ncorporated, regulated, o
	✓ Nor	ne Addition	nal sheets at	ached				
	Owr	nership or Interest		Date of Tran	sfer			
		POSITIONS. Fiducion, whether or not open Be sure to report fice					directorships, or positions asing a majority shareholder i	trustee in any business on a small or closely hele
	✓ None		al sheets atta		. po. ado 110.			
Posi	tion	Holder	Name &	Address of Busine	ss or Orga	nization	Term of Office	Annual Compensation
						į		

6.	CREDITOR INTERESTS II	N INSOLVENT BUSINESS worth \$5,	000 or more.		
		ditional sheets attached			
	Holder	Name & Address	of Business	National of Business	
		Traine & Address	or Dusiness	Nature of Business	S Value
7.	CLIENTS PERSONALLY RI the preceding calendar yea authority and do not need to	EPRESENTED BEFORE CITY AGENTY. Do not report representation involute be disclosed.	CIES. Only report ving ministerial n	representation for which natters. "Ministerial ma	you received compensation during tters" do not require discretionary
		ditional sheets attached			
	,		<del></del>	-	<del></del>
	Representative	Client	City	Agency	Nature of Representation
		L	<u></u>		

None	Additional s	sheets attached			
Owner(s)	Tax Map	Key Number & Stre	eet Address	Value	Year Obtained
and SP	1-1-1-026-001-000	) 2705 Ala Kolopua	Street, Honolulu, HI	L	1998
			ı		
9. <b>REAL PROPE</b> l year. For this i	tem, indicate the actu	Only report real part amount of the transheets attached	roperty transferred in nations action, even if it is le	the City and County of Hono	ulu during the preceding calenc case of a gift).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nu	mber & Street Address